| è  | .•   | Best Available Copy |                               |                              |                  |       |                  |                        |       |                     |                        |    |
|--|--|---------------------|-------------------------------|------------------------------|------------------|-------|------------------|------------------------|-------|---------------------|------------------------|----|
|  | PATENT APPLICATION                             | N FEE DE            |                               |                              | ON RECOP         | ID    | As               | optication $98$        | or De | ockel Numi          | ber                    |    |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                     |                               |                              |                  |       |                  |                        |       |                     | THAN<br>ENTITY         |    |
| TO   | TAL CLAIMS                                     |                     |                               |                              |                  |       | RATE FEE         |                        | RATE  |                     | FEE                    |    |
| FO   | R  | NUMBER FILED        |                               | NUMBER EXTRA                 |                  | BASI  | BASIC FEE 355.00 |                        | OR    | BASIC FEE           | 710.00                 |    |
| TO   | TAL CHARGEABLE CLAIMS                          | 20 minus 20=        |                               | • /                          |                  | XS    | X\$ 9= .         |                        | OA    | X\$18=              | 1                      |    |
| IND  | EPENDENT CLAIMS                                | 2 minus 3 =         |                               | •                            |                  |       | 0-               | 1                      | OR    | X80=                | /                      |    |
| MU   | LTIPLE DEPENDENT CLAIM P                       | RESENT              |                               |                              | +135=            |       |                  | 7                      | OR    | +270=               | i                      |    |
| . 11   | the difference in column 1 is                  | less than ze        | ro, ente                      | "0" in c                     | olumn 2          | TO    |                  |                        | OR    |                     |                        |    |
| CLAIMS AS AMENDED - PART II OTHER THAN   |  |                     |                               |                              |                  |       |                  |                        |       | THAN                |                        |    |
|  | (Column 1)                                     |                     | (Colu                         | mn 2)                        | (Column 3)       | SM    | ALL              | ENTITY                 | OR    | SMALL               |                        |    |
| NT A   | CLAIMS REMAINING AFTER AMENDMENT               |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA | RATE  | TE               | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |    |
| <b>AMENDMENT</b>   | Total · >O                                     | Minus               | "                             | $\overline{\mathcal{O}}$     | - /              | X\$   | 9=               |                        | OR    | X\$18=              |                        |    |
| MEN  | Independent ·                                  |                     |                               | 3                            | 31               |       | IO=              |                        | OR    | X80=                | <i></i> :              | ٥  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                     |                               |                              |                  | 41    | 35=              |                        | OR    | +270=               |                        |    |
|  |  |                     |                               |                              |                  |       | OTAL             |                        | OR    | YOTAL               |                        | 1  |
|  | 3-30.00 (00 numn 1)                            |                     | (Colu                         | mn 2)                        | (Column 3)       | ADDIT | r. FEE           | <u> </u>               | ,     | ADDIT. FEE          | <u> </u>               |    |
| AMENDMENT B  | CLAIMS S REMAINING AFTER AMENDMENT             |                     | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT          | RA    | NTE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FÆE |    |
|  | Total · DB                                     | Minus               |                               | 0                            | - /              | X\$   | 9=               |                        | OR    | X\$18=              | /                      |    |
|  | Independent • CL                               | Minus               |                               |                              | - /              | X4    | (40=             |                        | OR    | X80=                | /                      |    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                     |                               |                              |                  |       | 35=              |                        | OR    | +270=               |                        |    |
|  | 20/01  |                     |                               |                              |                  |       | OTAL<br>T. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE |                        | ]  |
|  | 10113109 (Column 1)                            | 1                   |                               | mn 2)                        | (Column 3)       |       |                  |                        |       |                     |                        |    |
| AMENDMENT C  | CLAIMS REMAINING AFTER AMENDMENT               |                     | NUA<br>PREVI                  | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA    | NTE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |    |
|  | Total • 2 /                                    | Minus               | •• /                          | 20                           | s /              | X\$   | 9=               |                        | OR    | X\$18=              | 50                     |    |
|  | Independent •                                  | Minus               | •••                           | 3                            | •                | X4    | IO=              |                        | OR    | X80=                | 1                      | 1  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                     |                               |                              |                  |       |                  |                        | 1     | +270=               |                        | /  |
|  | If the entry in column 1 is less than          | the entry in col    | umn 2, writ                   | 19 "O" in co                 | dumo 3.          | Щ,    | 35=<br>OTAL      |                        | OR    | TOTAL               | RA                     | 56 |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Indepartment) is the highest number lound in the appropriate box in column 1. |  |                     |                               |                              |                  |       |                  |                        |       |                     |                        | 1  |

FORM PTO-475